

# Exhibit P

Ryan Davis Deposition Exhibit 16

FMLA Terms, Return to Work Release Form



enclosed are FMLA forms and  
a return to work form with  
Job description. We will need  
a release to return to work  
before returning.

If you have any questions  
please let me know

Thank you  
Tiffany Brando



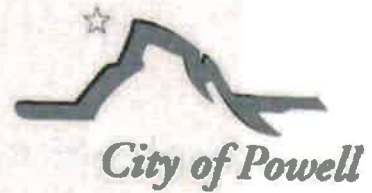
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## Return to Work Release Form

Policy 7.8

### Instructions:

**Employee:** Have your health care provider review your attached job description and complete this form. Return the completed form to your supervisor or human resources before you return to work.

**Health Care Provider:** Please review the attached job description for this employee, complete this form, and return it to the patient.

Employee name: Ryan Davis

Department: \_\_\_\_\_

Date the condition began: Oct. 1, 2021

### Please check one of the following:

- ☐ The employee is able to work a full, regular schedule with no restrictions, beginning \_\_\_\_\_ (date)
- ☐ The employee is unable to return to work until \_\_\_\_\_ (date)
- ☐ The employee is able to return to work on a reduced schedule for \_\_\_\_\_ hours a day from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)
- ☐ The employee is able to return to work with restrictions from \_\_\_\_\_ (date) to \_\_\_\_\_ (date).

### Please indicate restrictions, if any, below for:

Standing (number of hours): \_\_\_\_\_

Walking (number of hours): \_\_\_\_\_

Sitting (number of hours): \_\_\_\_\_

Lifting (number of pounds): \_\_\_\_\_

Carrying (number of pounds): \_\_\_\_\_

Use of hands (repetitive motions, pushing, pulling): \_\_\_\_\_

Any other restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_

Printed Name of Health Care Provider: \_\_\_\_\_

Date: \_\_\_\_\_